Name in Full

Certificate of Death

Sarah E. Adams.

Died at Town: Frederick County: Frederick MARYLAND

Date 1898 Month: Nov. Day: 10. Age: Y. 89. M. 2. D. 29. Native of: Md Occupation: Housewife

~~Male~~ Female White ~~Colored~~ ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ Wife of Valentine Adams Deceased

Father's Name

Mother's Name

Cause of Death: Primary Pneumonia 7 2 — How long sick 5 days

Immediate Pulmonary Oedema — ~~Accident, Suicide, Homicide~~

Reported by Wm H. Baldwill Md

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

Mt Olivet Cemetery
November 12 1898
C. C. Carty XD.

Name in Full — Certificate of Death

James Garfield Ambush

Died at — Town: Frederick — County: Frederick — MARYLAND

Date 1898 — Month: Nov. — Day: 26 — Age: Y. — M. — D. 2 — Native of: — — Occupation: —

Male — ~~White~~ — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — Colored — Single — ~~Widower~~ — ~~Number of children living~~

Husband of Wife: —

Father's Name: Jas. Edw. Ambush — Mother's Name: Daisy Ambush

Cause of Death — Primary: Inanition — 153 — How long sick: —

Immediate: (Mrs. Foetus) — Accident, Suicide, Homicide

Reported by: J. O. Hendrix, M.D.,

Address: Frederick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Malond Arnold

Certificate of Death

Died at Town: Petersville County: Frederick MARYLAND

Date 1898 Month: Nov Day: 28 Age Y.: 62 M.: 9 D.: Native of: Maryland Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 4

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Paralysis 42 How long sick

Immediate Cerebral Hemorrhage ~~Accident, Suicide, Homicide~~

Reported by A. G. Horine MD

Address Brunswick Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full

Certificate of Death

Sister Agatha Beltzhoover

Died at Town Emmitsburg County Frederick MARYLAND

Date 189 Month 11 Day 16 Age Y. 79 M. D.

Native of

Occupation

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161

How long sick

Immediate

Accident, Suicide, Homicide

Reported by Emmitsburg Chronicle 11-25

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Name in Full

Certificate of Death

Bisir

Died at Town Frederick County delto MARYLAND

Date 189 8 Month 11 Day 8 | Age Y. X M. X D. 1 | Native of Md | Occupation X

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced Number of children living

Husband of Wife X 137

Father's Name Bisir Mother's Name Irene Walter

Cause of Death: Primary ~~Congenital Imperfect Foramen Ovale~~ Atelectasis

Immediate Asphyxia

How long sick

Accident, Suicide, Homicide

Reported by C F Goodell Med

Address Freak

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Sherwood T. Biser

Certificate of Death

Died at: Town: Frederick — County: Frederick — MARYLAND

Date 189 8 — Month: Nov — Day: 21 — Age: Y. 5 M. 10 D. 9 — Native of: Frederick — Occupation: x

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living: 3

Husband / Wife of

Father's Name: T. M. Biser — Mother's Name: Emma T. Biser

Cause of Death: Primary: Croupous Diphtheria 86 — How long sick: 6 days

Immediate: Cyanosis — ~~Accident, Suicide, Homicide~~

Reported by: S. S. Maynard

Address: 17 W. Second St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full William S. Brall

Certificate of Death

Died at Town Pearl County Frederick MARYLAND

Date 1898 Month November Day 1st Age Y. 74 M. 9 D. 5 Native of Maryland Occupation Retired.

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living None

Husband / Wife of Ann M. Brall

Father's Name

Mother's Name 141

Cause of Death: Primary Old age

Immediate General debility

How long sick Confined to bed 3 weeks

~~Accident, Suicide, Homicide~~

Reported by S. S. Maynard, M.D.,

Address 17 Second St West

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66068

Name in Full

Certificate of Death

Mrs. Anna L. Brushey

Died at Town Braddock County Frederick MARYLAND

Date 1898 Month 11 Day 11 | Age Y. 65 M. D. | Native of | Occupation

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband / Wife of

Father's Name

Mother's Name

Cause of Death { Primary: Consumption 22a | Immediate } How long sick

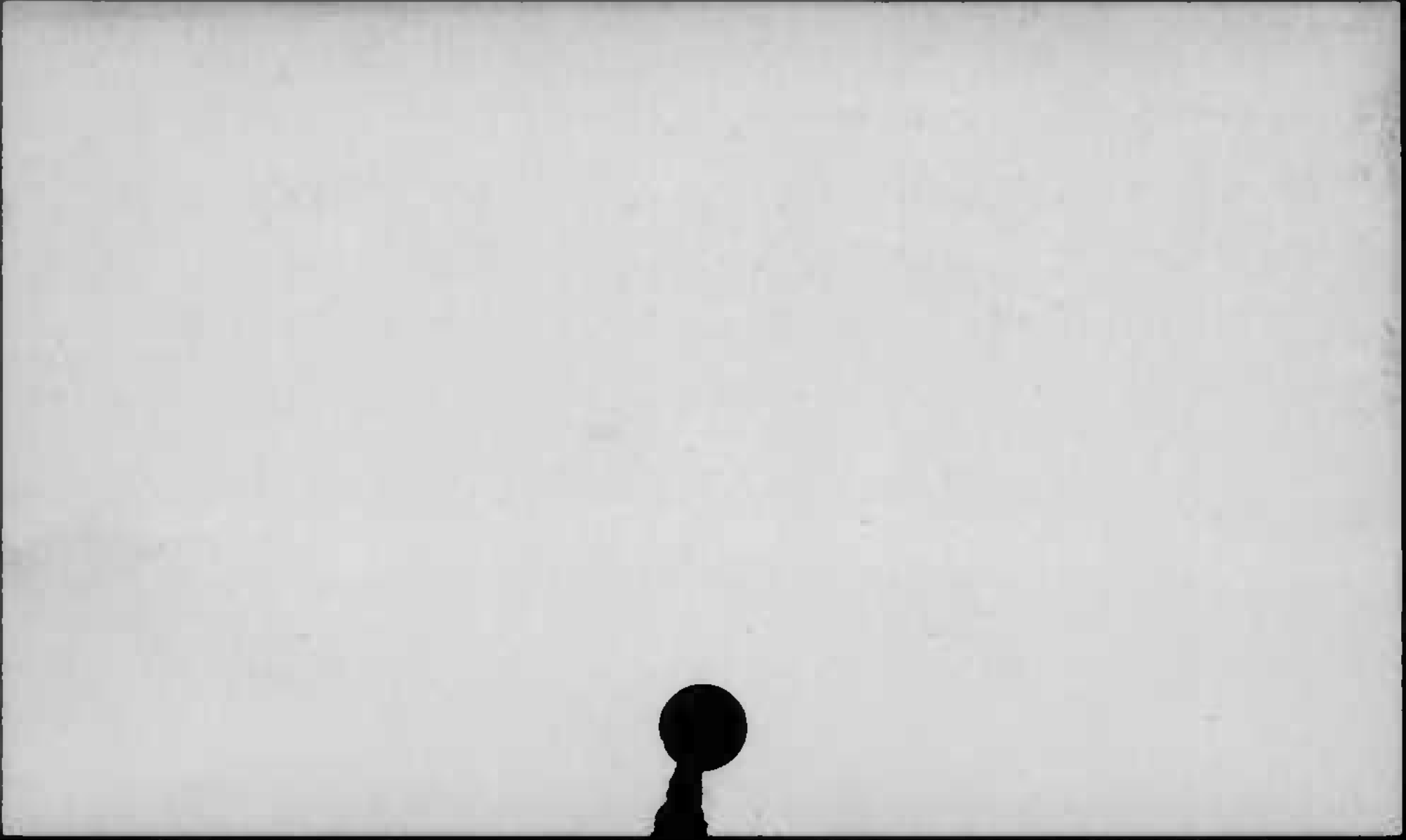
Accident, Suicide, Homicide

Reported by Banner of Liberty 11-24

Address

Must be signed by physician, if any in attendance, otherwise [redacted]oner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full

Certificate of Death

Edward Burkett

Died at Town Emmitsburg County Frederick MARYLAND

Date 189 8 Month 11 Day 30 | Age Y. 75 M. D. | Native of | Occupation

Male ~~Female~~ | ~~White~~ Colored | Married Single | Widow Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | Immediate

How long sick

Accident, Suicide, Homicide

Reported by Banner & Library

Address 128 Liberty town

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full — Certificate of Death

Catharine Chambers

Died at Town: Frederick County: Frederick MARYLAND

Date 1898 Month: 11 Day: 7 | Age Y.: 66 M.: ~ D.: ~ | Native of: Md | Occupation: House

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | Widow | ~~Divorced~~ | ~~Widower~~ ~~Number of children living~~

Husband / Wife of: ~

5-8

Father's Name: ~ | Mother's Name: ~

Cause of Death — Primary: Angina Pectoris | How long sick: —

Immediate: — | ~~Accident, Suicide, Homicide~~

Reported by: Dr. Wm Crawford Johnson

Address: Frederick Md

Must be signed by physician, if any in attendance, otherwise ~~coroner~~, undertaker or minister.

Lowe

LIBRARY BUREAU 65068

Interment at
Laboring Locus
Nov 9th 1898
A. T. Rice & Sons

Name in Full: Henry M. Clary

Certificate of Death

Died at Town: Westfalls P.O. County: Frederick MARYLAND

Date 1898 Month: Nov Day: 19 | Age Y.: 53 M.: – D.: – | Native of: Md. | Occupation: Merchant

Male / ~~Female~~ White / ~~Colored~~ Married / ~~Single~~ ~~Widow~~ / ~~Widower~~ ~~Divorced~~ Number of children living: One

Husband / Wife of: Annie Clary

Father's Name: Hanson Clary Mother's Name: Ellen Clary

Cause of Death: Primary — 42 How long sick: Ot Min

Immediate: Cerebral Apoplexy ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: David M. Devilbiss

Address: Woodville Fredk Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Elizabeth Davis wife of Jesse

Town

Died at Frederick

County

Frederick

MARYLAND

Date 1898 Month 11 Day 30

Age Y. 65 M. x D. x

Native of X

Occupation X

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living 4

~~Husband~~ Wife of Jesse Davis

Father's Name X Crawford

Mother's Name X

Cause of Death — Primary: Paralysis — 44 — How long sick 10 days

Immediate: Exhaustion

Accident, ~~Suicide, Homicide~~

Reported by Franklin Buchanan Orig

Address Frederick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Interment at
Mt Olivet Cem.
Dec 30 28.
A. J. Rice & Sons.

Name in Full Lulu Davis

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1890 Month 8 Day November 14 | Age Y. 32 M. D. | Native of Md | Occupation

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name

Mother's Name

Cause of Death: Primary Acute Nephritis 96 — How long sick 3 weeks

Immediate ~~Oedema~~ Oedema of Lungs — ~~Accident, Suicide, Homicide~~

Reported by Dr Wm Crawford Fahnestock

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Minnietta Baker Duvall

Died at Town Mt. Kaig. County Fred'k. MARYLAND

Date 1898 Month Nov. Day 28 Age Y. 34. M. 10 D. — Native of Maryland. Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of William Duvall

Father's Name Daniel S. Kemp. Mother's Name Martha Devilbiss

Cause of Death Primary Malarial Fever 20 How long sick 40 days.

Immediate Bronchitis ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Joseph H. Leith M.D.

Address Mt. Pleasant Fred'k. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full _____ Filka

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1898 Month 11 Day 9 Age Y. + M. + D. X ½ hr Native of ~~X~~ Occupation ~~X~~

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living [illegible]

Husband of Wife X

Father's Name Albert W. Filka Mother's Name Marian L. Filka

Cause of Death Primary Seven months — 153 How long sick X

Immediate Inanition ~~Accident, Suicide, Homicide~~

Reported by Franklin Buchanan Smith

Address Court Sq. Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Town

County

Died at — MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189		Age				

Male — White — Married — Widow — Divorced

Female — Colored — Single — Widower — Number of children living

Husband of

Wife

86

Father's Name

Mother's Name

Cause of Death — Primary — How long sick

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. [illegible]

of [illegible]

Information contained in this certificate received from [illegible]

of [illegible]

Name in Full Male Child White Flickinger

Certificate of Death

Town Mt Pleasant County Frederick

MARYLAND

Died at

Date 1898 Month Nov Day 5th

Age Y. 5 M. 11 D.

Native of Maryland

Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced ~~Number of children living~~

Husband of Wife

Father's Name Howard Flickinger

Mother's Name Carrie Flickinger

Cause of Death: Primary Don't Know 161

Immediate

How long sick Don't Know

~~Accident, Suicide, Homicide~~

Reported ~~by~~ Jane David Barrick

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. Dont Know

of

Information contained in this certificate re-
ceived from David Barrick

of Walkersville Fredk. Co. Md

D. A. Sharett Undertaker

Name in Full | Certificate of Death

Ruby Lee Gardner

Died at Town: Middletown County: Frederick MARYLAND

Date 1898 Month: Nov. Day: 21 Age Y. 1 M. 3 D. 5 Native of: md Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ ~~of~~ — 146 —

Father's Name: Geo. C. Gardner Mother's Name: Amanda E. Gardner

Cause of Death: Primary: Scalding ed abscess of n. jaw How long sick: 5 weeks

Immediate: Blood poisoning ~~Accident, Suicide, Homicide~~

Reported by: Austin Lamar M.D.

Address: Middletown Frederick Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55969

Name in Full — Certificate of Death

John Earl Geier

Died at — Town: Frederick — County: Frederick — MARYLAND

Date 1898 — Month: 11 — Day: 18 — Age: Y. 3 M. 10 D. X — Native of: U S A — Occupation: X

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ ~~Number of children living~~

Husband / Wife of X

Father's Name: Curtis Geier — Mother's Name: Minnie A.

Cause of Death — Primary: Gangrene - 126 — How long sick: 3 wks -

Immediate: Asthma

Accident, Suicide, Homicide

Reported by Franklin Buchanan Grad.

Address Court St. Frederick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, R5958

Name in Full Catharine Gettings

Certificate of Death

Died at Town Knoxville County Frederick MARYLAND

Date 189 8 Month Nov. Day 21 | Age Y. 42 M. — D. — | Native of Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living one

~~Widow~~ Wife of Wm Gettings

Father's Name John Miller | Mother's Name C. V. Miller

Cause of Death — Primary: Acute nephritis accompanying Pregnancy — How long sick 12 hours

Immediate: eclampsia 121 — ~~Accident, Suicide, Homicide~~

Reported by Levin West.

Address Brunswick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Mrs Barbara Gittinger

Died at — Town: Frederick — County: Frederick — MARYLAND

Date 1898 — Month: Nov — Day: 26 — Age: Y. 79 M. 2 D. 3 — Native of: Md. — Occupation: Retired

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living 4

~~Husband~~ / Wife of George Gittinger

Father's Name — Young — Mother's Name — 141

Cause of Death — Primary: Old age — Immediate: Exhaustion — How long sick: Gradual decline

Accident, Suicide, Homicide

Reported by D. S. Maynard M.D.

Address 17 Second St W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Infant, Male, born dead

Certificate of Death Grimes

Died at Town Nesus New Midway County Frederick MARYLAND

Date 1898 Month Nov. Day 7 Age Y. M. D. Native of Occupation

Male yes White yes Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife ~~James Grimes~~

Father's Name James Grimes

Mother's Name Mosowri Grimes

Cause of Death Primary Immediate Stillbirth

How long sick

Accident, Suicide, Homicide

Reported by Dr. W. H. Wagner

Address Woodsboro, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. W. H. Wagner

of Woodsboro Md

Information obtained in this certificate was received from Dr. W. H. Wagner

of Woodsboro, Md.

Name in Full

Certificate of Death

Frank Hahn

Died at Thurmont (Town) Frederick (County) MARYLAND

Date 189 8 Month 11 Day 19 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living

Husband / Wife of

Father's Name W. H. Hahn | Mother's Name 1429

Cause of Death: Primary — Suicide by taking

Immediate — Laudanum | How long sick

~~Accident~~, Suicide, ~~Homicide~~

Reported by Carroll Rund

Address Taneytown 11-19

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full | Certificate of Death

Harry Wistly Hammond,

Died at Town: Adams Mill County: Indian Co MARYLAND

Date 1898 Month: Nov Day: 10 | Age Y. M. D.: 2 | Native of: Md, | Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Charles Proctor, | Mother's Name: Elizabeth Hammond

Cause of Death: Primary: Congestion of Lungs 74 | How long sick: Seven days

Immediate: Heart failure, | Accident, Suicide, Homicide

Reported by: J. V. Johnson, M.D.

Address: Adamstown Indian Co,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Washington Harbaugh

Died at Town: Sabillasville County: Frederick MARYLAND

Date 189 8 Month: Nov. Day: 7 Age: Y. 62 M. D.

Native of

Occupation

Male / Female

White / Colored

Married / Single

Widow / Widower

Divorced

Number of children living

Husband / Wife of

Father's Name

Mother's Name

Cause of Death: Primary 161

How long sick

Immediate

Accident, Suicide, Homicide

Reported by Emmitsburg Chronicle Nov 11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78706

Name in Full Harrison

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1889 Month 8 Day 11 17 Age Y. 2 M. D.

Native of Md Occupation —

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

Widow Widower

Divorced Number of children living

~~Husband~~ Wife of —

Father's Name Luther Harrison

Mother's Name —

Cause of Death: Primary Scarletina 6 How long sick 1 week

Immediate Bronchopneumonia

~~Accident, Suicide, Homicide~~

Reported by Wm Crawford Summers

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Mrs Nannie Herbert

Died at Town Brooksville County Fredk MARYLAND

Date 189 8 Month 11 Day 8 | Age Y. 27 M. D. | Native of md | Occupation

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living 3

Husband / Wife of Nathan Herbert

Father's Name G W Henderson Mother's Name L J Bailey

Cause of Death: Primary Consumption 22a | How long sick 2 yrs

Immediate Operation birth of Child | Accident, Suicide, Homicide

Reported by CHFEZtZ

OVER

Address

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. Dr Rather
of Brunswick Md

Seen by Coroner
of

Information contained in this certificate received from Father also Husband
of Brookville

Olivet PO Frederick Co Md

Name in Full Sallie Ann Hilleary

Certificate of Death

Died at Town Petersville County Frederick MARYLAND

Date 1898 Month Nov. Day 6 Age Y. 76. M. 9. D. – Native of Md Occupation House work

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Tighlman Hilleary Mother's Name Ann Hilleary

Cause of Death Primary Hemiplegia from Cerebral hemorrhage How long sick 6 months

Immediate exhaustion 42 ~~Accident, Suicide, Homicide~~

Reported by Levin West.

Address Brunswick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Emma M. Hilton

Certificate of Death

Died at — Town: Frederick — County: Frederick — MARYLAND

Date 1898 — Month: Nov — Day: 10 — Age: Y. 47 M. 8 D. 5 — Native of: Md — Occupation: Housewife

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living 6

Husband / Wife of: Wm H. Hilton

Father's Name: Loyd Whip. — Mother's Name: Christianna Whip.

Cause of Death — Primary: Tuberculosis Intestinal — How long sick: 8 Mos

Immediate: Exhaustion 22c — Accident, Suicide, Homicide

Reported by: S. S. Mayrinn

Address: 17. N. Second St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Infant Z N. N. Hoke — Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 189 8 Month Nov Day 20 | Age Y. X M. X D. X | Native of ~~Maryland~~ X | Occupation X X

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of X X X X X

Father's Name Harry Hoke | Mother's Name Fannie Hoke

Cause of Death: Primary Still birth — ~~How long sick~~

Immediate — Accident, Suicide, ~~Homicide~~

Reported by M. A. Young

Address 45 S. Market Street

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

Name in Full

Lewis C Holbrunner

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1898 Month 11 Day 14 Age Y. 30 M. 7 D. 21 Native of Maryland Occupation Bar. Keeper

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife X

Father's Name Thomas Holbrunner Mother's Name X

Cause of Death Primary Alcoholism 3 4 How long sick 7 days –

Immediate Heart Failure – ~~Accident, Suicide, Homicide~~

Reported by Franklin Buchanan Smith

Address Court Sq – Frederick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full — Certificate of Death

John C. Reid

Died at Town: Urbana — County: Frederick — MARYLAND

Date 189 8 — Month: 11 — Day — Age: Y. 57 M. D. — Native of — Occupation

Male — ~~Female~~ — White — ~~Colored~~ — Married — ~~Single~~ — Widow — ~~Widower~~ — ~~Divorced~~ — Number of children living 8

Husband / Wife of

Father's Name — Mother's Name 1556

Cause of Death — Primary: Heart failure — How long sick

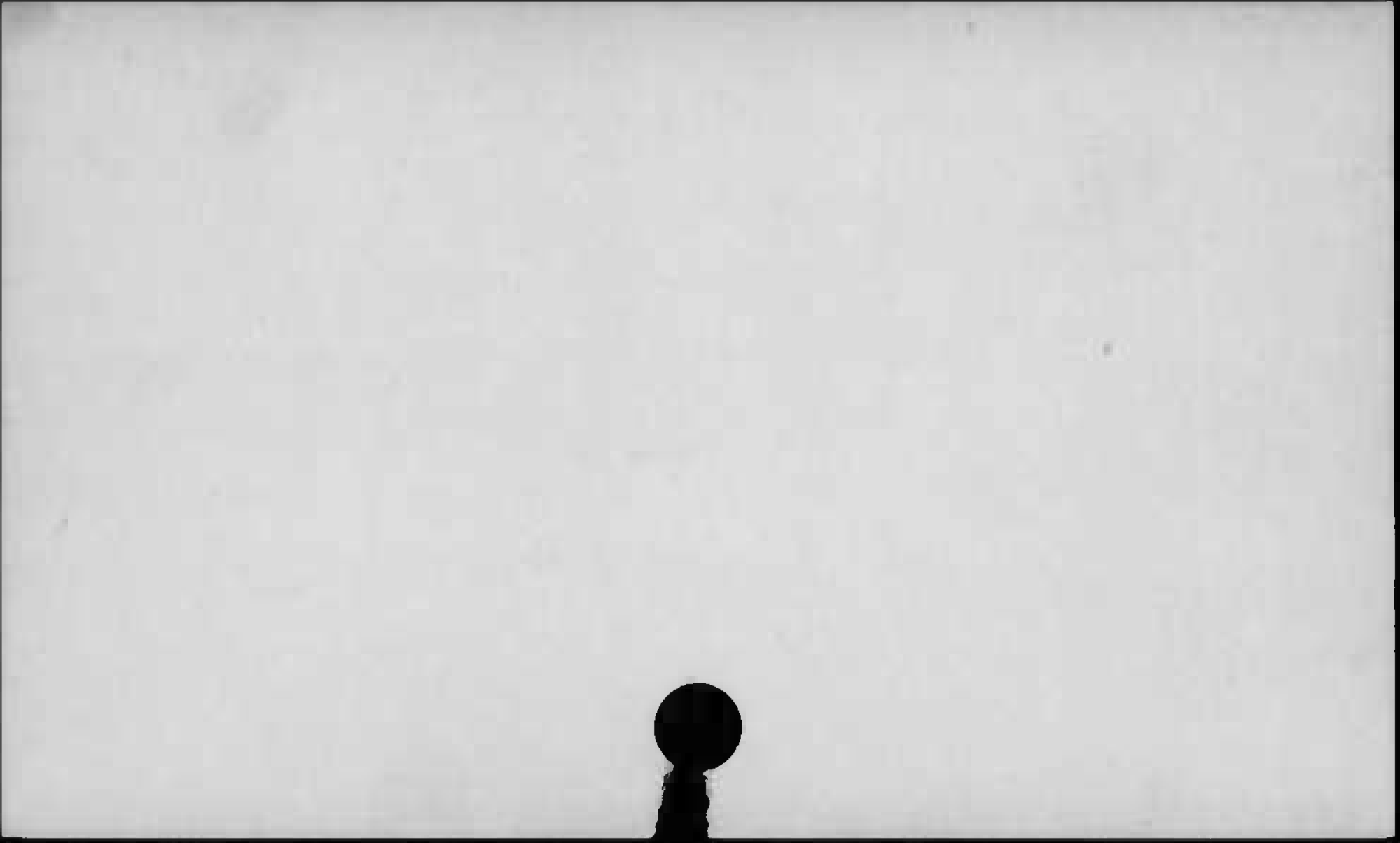
Immediate — Accident, Suicide, Homicide

Reported by Banner of Liberty

Address Liberty Tree 12-8

Must be signed by physician, if any in attendance, otherwise [illegible]oner, undertaker or minister.

LIBRARY BUREAU, 70706



Name in Full Margaret Lambert

Certificate of Death

Died at Town Frederick, County ditto MARYLAND

Date 1898 Month Nov. Day 7 Age Y. X M. 3. D. 10 Native of md Occupation –

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife X

Father's Name Murray Lambert Mother's Name 24 Mussetter

Cause of Death Primary Congenital Syphilis How long sick – seen birth

Immediate Exhaustion Accident, Suicide, Homicide

Reported by C. F. Goodell. med

Address Fadk, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Edward Larkins

Died at Town Brunswick County Frederick MARYLAND

Date 189 8 Month 11 Day 13 Age Y. 32 M. D. Native of W Va Occupation R.R.

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living two

Husband of Wife

Father's Name James Larkin Mother's Name 145 d

Cause of Death Primary Killed by Cars How long sick

Immediate Accident, S~~uicide, Homi~~cide

Reported by Drs Ramson Hearine West & Hedges

Address Brunswick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Received Nov 13 1898
4.50 P.M.

Name in Full — Certificate of Death

Mrs. Catharine Miller

Died at Town: Woodsboro County: Frederick State of: MARYLAND

Date 189 8 — Month: 11. Day: 27 — Age: Y. 68. M. 5. D. 22 — Native of: U.S.A. — Occupation: none

~~Male~~ — White yes — ~~Married~~ — Widow yes — ~~Divorced~~

Female yes — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living: three

~~Husband~~ Wife of John D. Miller

Father's Name: Jacob Fisher — Mother's Name: Catharine Bupp

Cause of Death — Primary: Mitral Valvular Heart Disease — How long sick: Seven Months

Immediate: Heart Failure — ~~Accident, Suicide, Homicide~~

Reported by: Dr. Rob't L. Hammond

Address: Woodsboro Fred'k Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Please send return envelopes,
stamped, if you desire any more
such favors, & please acknowledge
the receipt of this with thanks, &
please do not expect so many such
favors, of such poor pay & so little value
& please Do not think that a bill passes the
next legislature that will perpetually do away
with such bothersome nuisances. Yours truly R. L. M—

Name in Full

Mary Estella Miller

Certificate of Death

Died at Town: Frederick County: — MARYLAND

Date 1898 Month 11 Day 17 | Age Y. 38 M. D. | Native of Md | Occupation H.K.

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living 1

Husband / Wife of Edgar L. Miller

Father's Name Chas E. Knauff | Mother's Name 259

Cause of Death — Primary: Carcinoma of Kidney | How long sick 5 weeks

Immediate: Exhaustion - Uraemia | Accident, Suicide, Homicide

Reported by Edwin J. Gordon M.D.

Address Frederick.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: James Sappington

Certificate of Death

Died at Town: Libertytown County: Frederick MARYLAND

Date 1898 Month: Nov Day: 28th | Age Y. 5 M. 0 D. 0 | Native of: Liberty | Occupation: Child

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name: James Sappington

Mother's Name: Mittie V. Sappington.

Cause of Death: Primary: Scarlatina 6 — How long sick: Eight days

Immediate: Membranous Laryngitis — Accident, Suicide, Homicide

Reported by: O.B. Stone M.D.

Address: Libertytown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85868

Name in Full Chas Schroder

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1898 Month Nov Day 10 | Age Y. 71 M. 7 D. 17 | Native of Germany | Occupation Retired

Male ~~Female~~ | White ~~Colored~~ | ~~Single~~ Married ~~Widow~~ Widower ~~Divorced~~ | Number of children living 4

Husband Wife of Barbara Schroder

Father's Name Chas Schroder

Mother's Name

Cause of Death: Primary old age

Immediate Exhaustion

141

How long sick 3 days

~~Accident~~, Suicide, Homicide

Reported by L. S. Hagner

Address 19 Second St W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Ruth Elizabeth Smith

Certificate of Death

Died at: Town: Frederick; County: Md (Fredk) — MARYLAND

Date 189 8 — Month 11 — Day 1 | Age Y. 0 — M. 0 — D. 2 | Native of — | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Jos E. Smith

Mother's Name: Lillie Smith (nee Crum)

Cause of Death: Primary 49

Immediate (Convulsions.)

How long sick: 7 days

~~Accident, Suicide, Homicide~~

Reported by: Hy P. Fahrney MD

Address: Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

J. J. Stoneburner

Died at Town: Brunswick County: Frederick MARYLAND

Date 1898 Month: 11 Day: 13 | Age Y.: 82 M.: D.: | Native of | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | Married / Single | Widow / Widower | Divorced | Number of children living

Husband / Wife of

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Brunswick Herald 11-18

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Peter P. Stauffer — Certificate of Death

Died at Town Point of Rocks County Frederick MARYLAND

Date 1898 Month Nov Day 17 | Age Y. 67 M. 11 D. 19 | Native of Penn Occupation Retired R.R. Foreman

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 4,

Husband ~~Wife~~ of Amanda C. Stauffer

Father's Name Emanuel Stauffer | Mother's Name Christina Smith,

Cause of Death: Primary Neuralgia 1556 — How long sick 13 days

Immediate Heart Failure — ~~Accident, Suicide, Homicide~~

Reported by J. B. Johnson M.D.,

Address Adamstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mrs Geo. Stein Strine

Certificate of Death

Died at Town Fountain Rock County Frederick MARYLAND

Date 1898 Month 11 Day 28 Age Y. 47 M. D. Native of dont know Occupation none

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ ~~Wife~~ of George Strine 26

Father's Name Wenrick Mother's Name dont know

Cause of Death: Primary Rhumatism & Weak heart. How long sick 4 Years.

Immediate Embolism lower limb Accident, Suicide, Homicide

Reported by Chas. W. Goldsborough

Address Walkersville Fred. Co. Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B

Name in Full Sunday

Certificate of Death

Died at Town Hansonville County Frederick MARYLAND

Date 1898 Month Nov Day 1 Age Y. 1 M. D. Native of Fred Co ~~Occupation~~

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ ~~of~~

Father's Name Dan Sunday

Mother's Name

Cause of Death ~~Primary~~ 72

Immediate Pneumonia

How long sick 3 or 4 weeks

~~Accident, Suicide, Homicide~~

Reported by Chas. [illegible]

Address Walkersville Fred Co. Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Mary E. Thomas

Died at — Town: Frederick — County: Frederick — MARYLAND

Date 1898 — Month: 11 — Day: 22 — Age: Y. 78 M. D. — Native of — Occupation: Retired

~~Male~~ [redacted] White Yes ~~Married~~ Widow Yes ~~Divorced~~

Female Yes ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living Four

Husband / Wife of: The late Christian Thomas

Father's Name: Walter B Kemp — Mother's Name: Catherine Gloringer

Cause of Death — Primary: apoplexy 42 — How long sick: 10 days.

Immediate: Paralysis General — ~~Accident, Suicide, Homicide~~

Reported by: Franklin Buchanan Inwood

Address: City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968